

# Patient Acknowledgement of HIPAA and Consent to the Use and Disclosure of Health Information for Treatment, Payment, or Healthcare Operations

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## Notice of Privacy Practices:

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The office of John F. Perry, MD has a Notice of Privacy Practices, which describes how we may use and disclose your protected health information and how you can access your protected health information and exercise other rights concerning your protected health information. You may review our current notice prior to signing this acknowledgement and consent.

I understand that I have the right to request restrictions as to how my health information may be used or disclosed to carry out treatment, payment or health care operations. I further acknowledge that Dr. John F. Perry, MD is not required to agree to the restrictions requested. I understand that I may revoke this consent in writing, except to the extent that the organization has already taken action in reliance thereon. I also understand that by refusing to sign this consent or revoking this consent, this organization may refuse to treat me as permitted by Section 164.506 of the Code of Federal Regulations.

I will allow disclosure of my health information to the following persons:

|               |                       |               |                       |
|---------------|-----------------------|---------------|-----------------------|
| _____<br>Name | _____<br>Relationship | _____<br>Name | _____<br>Relationship |
| _____<br>Name | _____<br>Relationship | _____<br>Name | _____<br>Relationship |

I understand that as part of this organization's treatment, payment, or health care operations, it may become necessary to disclose my protected health information to another entity, and I consent to such disclosure for these permitted uses, including disclosures via fax and email.

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## Revisions to Notice of Privacy Practices:

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We reserve the right to change our Notice of Privacy Practices and to make the terms of any change effective for all protected health information that we maintain, including information created or obtained prior to the date of the effective date of the change. Copies of revised notices will be available at the reception desk and also may be obtained by submitting a written request to our privacy officer.

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## How to Contact our Privacy Officer:

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|-------|---|------------|--------------|
| Mail: | John F. Perry, MD<br>Attn: Privacy Officer<br>25 S. Pine Street, PO Box 210<br>Elverson, PA 19520 | Telephone: | 610-286-1660 |
|       |   | Facsimile: | 610-286-1662 |

**I grant permission for the office of John F. Perry, MD, to leave a voice mail message containing confidential medical information at this number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_.**

I acknowledge that I received the Notice of Privacy Practices for John F. Perry, MD.

\_\_\_\_\_  
Name of Patient (or Parent/Guardian if Patient is a Minor)

\_\_\_\_\_  
Date